

**East of England Local Government Association response to the NHS 10 Year Plan
'Workshop in a Box' engagement, 13 February 2025**

1. Background

- 1.1 The Department of Health and Social Care and NHS England are currently developing the 10 Year Health Plan. As part of their engagement to help inform the plan, they have designed a '[Workshop in a Box](#)' engagement exercise, to help organisations run their own engagement on the future of the NHS.
- 1.2 The East of England Local Government Association (EELGA), a cross-party membership body of the 50 local councils and one combined authority in the East of England, held a workshop 6 February 2025 to feed into this engagement, in the format of an online Roundtable Discussion.
- 1.3 Attended by councillors and senior local council officers working in health, care and housing, and regional partners including Integrated Care Boards (ICBs), NHS East and the Office for Health Improvement and Disparities (OHID), the Roundtable focussed on one of the three proposed shifts: 'from sickness to prevention'. 59 participants attended.
- 1.4 The insights gathered from a pre-event survey and during the Roundtable form the basis of this response on behalf of local councils in the East of England. The following set questions from the workshop in a box material were considered:
- **Preventing sickness not just treating it: What difference – good or bad – would this make to you?**
 - **What forms of prevention do you think the NHS should prioritise? Share why.**
 - **Any other feedback.**

2. Warm up activity

- 2.1 As suggested in the material, the following warm up question was also considered.

Question: If the 10 Year Health Plan is a success what 3 words will describe how using the NHS will feel in the future?

- 2.2 The three words given consistently in the pre-event survey and during the Roundtable were: **preventative, accessible and stable.**

3. Key points to set questions

Question: Preventing sickness not just treating it: What difference – good or bad – would this make to you?

- 3.1 The responses shared by participants during this part of the discussion are grouped into three key points:
- 3.2 **Better health outcomes for residents.** Preventing sickness not just treating it would lead to increased healthy life expectancy and less ill health especially at a young age. People would access the right services to meet their needs at the right time, to prevent problems from worsening. There would be fewer people on medication and improved access to self-care. The individual experience of using health care would be much improved.
- 3.3 **Reduced financial pressures on the NHS and other public services.** Preventing sickness not just treating it would reduce the growing and unsustainable demand on NHS acute services and other public services such as social care, housing, mental health, community safety and policing. The economic benefits of investing in prevention are clearly set out in the NHS Confederation report [‘Paving a new pathway to prevention’](#), published October 24 and presented during the Roundtable.
- 3.4 **Improved collaboration and greater integration.** A demonstrable focus on preventing sickness not just treating it would recognise the crucial role of local council public health. A meaningful focus on prevention would support health and care integration and co-production with communities, alongside local accountability.
- Question: What forms of prevention do you think the NHS should prioritise? Share why these were chosen in your workshop
- 3.5 Several participants observed that this question would benefit from being rephrased to reflect the NHS, local government, the voluntary and community sector, and wider partners need to consider together what forms of prevention should be prioritised in their area, rather than the NHS alone. It was noted that prevention means different things to different people. The distinction between primary and secondary prevention, and the wider determinants (the social, economic and environmental factors which can affect our health and wellbeing) can be helpful in determining the kind of actions needed and respective roles of partners in Integrated Care Systems.
- 3.6 It was felt important that there is a **system wide approach to defining what ‘shifting towards prevention’ means at place level and a shared understanding amongst health and care partners.** Having the right people around the table to understand where the most impactful opportunities and agreeing who is responsible for driving the agenda and progress is crucial. There was a strong call for a holistic approach to preventing ill health which encompasses the respective roles of organisations, and the importance of measuring spending on prevention.

- 3.7 Participants raised the following forms of prevention that health and care systems are prioritising, based on local needs in their areas:
- Children’s health and wellbeing to prevent ill health in future populations, because of concerns about the decreasing priority and funding for children's health services in some areas.
 - Social care, including collaborative approaches to support individuals with complex needs, reducing crisis interventions and saving costs.
 - Mental health and wellbeing initiatives delivered by integrated health and care teams in family hubs.
 - Better quality and secure homes including homelessness prevention support.
 - Population health projects including targeted interventions for households in damp and cold homes such as energy efficiency schemes.
 - Community outreach health programmes to reach people facing inequalities accessing health and care, for example due to language or cultural barriers.
 - Access to physical activity and green spaces, for example chair aerobics and circuits for over 50s to prevent frailty.
- 3.9 Participants discussed broadly why these forms of prevention should be prioritised including:
- The evidence of the ‘Return of Investment’ (ROI) in preventative measures is significant particularly in community and primary care settings.
 - There is a risk of the NHS focussing too narrowly on specific conditions and instead a need to embrace the complexity of people’s lives.
 - The important need to collectively address the root causes of health issues and health inequalities, and focus on outcomes rather than just outputs.
 - Working across services and organisations, as well as with communities, is crucial when developing impactful preventative services. This involves understanding each other's roles to avoid duplication and add value without ‘stepping on each other's toes’.
- 3.8 Examples of good practice from local councils and partners to demonstrate the impact of focussing on preventative measures from the region included:
- Linking respiratory health data with housing data and upskilling staff who visit homes (East Suffolk).
 - Provision of free bikes to promote physical activity and social connection (Essex Pedal Power).
 - Child Mental Health Hubs in Schools (Tendring).

Question: Any other feedback. Is there anything else you want to share that was raised in your workshop that hasn't been covered above?

- 3.9 **Challenges.** Participants explored the challenges for organisations and areas when trying to shift focus and resources collectively toward preventative approaches. Reducing spend in acute services was noted as the major ongoing challenge. The short-term funding and constant need to 'chase money' was shared. The need for better data sharing between different local government and the NHS persists as a key challenge. Furthermore, there are often issues with current thresholds that gatekeep resources and do not address complex needs effectively.
- 3.10 **Recommendations.** There was a strong call for the government to commit to:
- Long term funding that supports strategic planning for preventative services over longer time periods.
 - Flexible budgets for Integrated Care Systems to support place-based priorities, allowing sufficient time to demonstrate the impact of preventive measures.
 - Supporting Integrated Care System partners to align policies, empower local decision-making, and incentivise innovation with regards to addressing health inequalities in their areas.
 - Strengthening the role of public health in sharing data and local intelligence to drive preventative measure.
 - Social care reform alongside the 10 Year Health Plan.
- 3.11 **Local Government Devolution.** Participants discussed the opportunities that local government devolution could bring for a more integrated approach to prevention, given the plan for Strategic Authorities to address the social determinants of health and align Integrated Care Systems more closely with local leadership. As the devolution framework evolves, it is vital that government works with local council and health leaders to leverage these changes to support better health and care integration and improved health outcomes.
- 3.12 **EELGA resources and further information**
- [EELGA Roundtable Discussion: Preventing Poor Health through Integrated Care Systems & The NHS Ten-Year Plan - EELGA February 25](#)
 - [East of England LGA Calls for Greater Support for Councils and the Region in the Government's Spending Review - EELGA February 25](#)
 - [Healthy-Homes-in-the-East-of-England.pdf – EELGA December 24](#)
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